

[Company Name]
[Address]
[City, State, Zip Code]

[Date]

[Employee Name]
[Employee ID]
[Address]
[City, State, Zip Code]

Dear [Employee Name],

This letter is to formally notify you that [Company Name] is undergoing a workforce reduction. As a result, your position as [Job Title] is being eliminated, effective [Termination Date].

To assist you during this transition, the company is offering you a severance package. This package is contingent upon you signing and returning the attached Separation Agreement and General Release by [Deadline Date].

Severance Payment:

The company will provide a severance payment of \$[Amount], which is equivalent to [Number] weeks of pay. This amount will be paid in [a lump sum / installments] via [Payment Method], subject to standard tax withholdings.

Health Benefits:

Your current health insurance coverage will continue through [Date]. After this period, you will be eligible to continue coverage under COBRA. Information regarding COBRA enrollment will be sent to you under separate cover.

Accrued Leave:

You will be paid for all earned but unused [Vacation/PTO] time, totaling [Number] hours, in your final paycheck on [Date].

Outplacement Services:

The company is offering outplacement assistance through [Provider Name] for a period of [Number] months to help you with your career transition.

Company Property:

Please return all company property, including keys, badges, laptop, and mobile devices, to [Department/Person] by [Date].

We thank you for your service to [Company Name] and wish you the best in your future endeavors. If you have questions regarding your benefits or the severance agreement, please contact [HR Representative Name] at [Phone/Email].

Sincerely,

[Signature]

[Name of Sender]

[Title]